

Facility Rental Request Form

FACILITY RENTALS – 3802 Regent St., Madison, WI 53705
 (608)204-3035, email: ajderemo@madison.k12.wi.us
 Website: <http://www.mmsd.org/rentals>

Please check only one:

- September 2020 - December 2020 (submit on/after July 1st)
- January 2021 - last day of school (submit on/after October 15th)
- June 2021 - August 2021 (submit on/after January 1st)

Organization/GroupName: _____

List Specific Activity or Purpose: _____ Expected Attendance: _____

Contact Person: _____ Date of Birth: _____

E-mail address: _____

Primary Phone: _____ Cell Phone: _____ Work Phone: _____

MailingAddress: _____

City _____ State _____ Zip _____

Complex(School): _____ *Facility(Room): _____

Renter must have approval from Facility Rental Office to serve any FOOD/BEVERAGE and must request use of cafeteria. Check here if you plan to serve food _____

Rentals DO NOT Include use of MMSD Equipment.

Microphone qty. _____ TV/DVD qty. Other requests/comments _____

Adult __ Youth__ Is your group primarily Madison Metropolitan School District residents? Yes__ No__

If claiming non-profit status you must provide a copy of State of WI Charitable Organization Credential or copy of IRS Letter of Determination for Charitable Non-Profit status 501(c) 3.

Request must be submitted 2-3 weeks prior to the 1st day of use.

Dates	Start Time	End Time

***High school auditorium and pool rentals require additional paperwork to be completed.**